

Service Area Plan

Department of Health

Emergency Preparedness and Response (77504)

Service Area Background Information

Service Area Description

The purpose of the Emergency Preparedness and Response (EPR) programs is to upgrade and integrate state, regional territorial and local public health jurisdictions' preparedness to respond to terrorism and other public health emergencies with Federal, State, local and tribal governments, and government agencies, the private sector, and Non-Governmental Organizations (NGOs). In addition, EPR programs support the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health and healthcare emergencies. Emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System. In addition, the activities performed by the service area are designed to develop emergency-ready public health departments, hospitals and health care systems in accord with the Interim National Preparedness Goals, the Interim Public Health and Healthcare Supplement to the NPG, and the Centers for Disease Control and Prevention Preparedness Goals.

Service Area Alignment to Mission

This service area directly aligns with VDH's mission and vision of promoting and protecting the health of Virginians respectively by effectively facilitating response to any emergency impacting public health through preparation, collaboration, education, rapid intervention, and recovery.

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Service Area Statutory Authority

To follow up on the emergency bioterrorism legislation in fiscal year (FY) 2002 through the Public Health and Social Services Emergency Fund, Congress authorized a continuing response to bioterrorism and other public health emergencies in 2002.

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188) amended §319C-1 of the Public Health Services Act, 42 U.S.C. 247d-3, which supports activities related to countering potential terrorist threats to civilian populations. Funding is provided under the Consolidated Appropriations Act, 2005 (Public Law 108-447).

The state statutory authority that supports EPR programs comes from §32.1-2 of the Code of Virginia that calls for the Virginia Department of Health (VDH) to administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth. EPR assessment and planning, training and education, recovery and improvement and communications activities all support to this overarching directive.

Surveillance and investigation activities are addressed in §32.1-39 of the Code of Virginia requiring that VDH provide for the surveillance of and investigation into all preventable diseases and epidemics in this Commonwealth and into the means for the prevention of such diseases and epidemics, whether naturally occurring or the result of exposure to an agent or substance used as a weapon.

§ 32.1-42 provides for emergency rules, regulations and orders that may be promulgated by VDH to meet any emergency or to prevent a potential emergency caused by a disease dangerous to public health that is determined to be caused by an agent or substance used as a weapon or any communicable disease of public health threat. EPR assessment, planning, and risk communications activities are supported by this section of the Code.

§ 32.1-42.1 authorizes the State Health Commissioner to authorize special persons to administer and dispense necessary drugs and devices during a declared disaster or state of emergency. This section of the Code supports the response and control component of EPR programs.

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Service Area Customer Base

Customer(s)	Served	Potential
Agency for Healthcare Research and Quality (AHRQ)	1	1
Association of State and Territorial Health Officials (ASTHO)	1	1
Border states: Maryland, District of Columbia, North Carolina, Kentucky, Tennessee, West Virginia	6	6
Centers for Disease Control and Prevention Services (CDC)	1	1
Department of Health and Human Services (DHHS)	1	1
Department of Homeland Security (DHS)	1	1
Department of Veterans Affairs (DVA)	1	1
Federal Bureau of Investigation (FBI)	1	1
Federal Emergency Management Agency (FEMA)	1	1
Food and Drug Administration (FDA)	1	1
General Public	2,500,000	7,450,000
Health Resources Services Administration (HRSA)	1	1
Local Governments	119	173
Local health districts	35	35
Local medical societies	6	71
Medical Society of Virginia	1	1
Metro Washington Council on Governments (COG)	1	1
Metropolitan Medical Response Systems (MMRS) - Northern, Eastern, Central	3	3
Military Facilities	10	35
National Association of County and City Health Officials (NACCHO)	1	1
Office of Commonwealth Preparedness	1	1
Other licensed health care providers	99,879	110,000
Private academic institutions	1	35
Private business community	6	100
Private hospitals	86	86
Private labs	135	150
Private long-term care facilities	0	23
Private physicians	18,716	20,000
State affiliated hospitals: Acute Care and Mental Health	2	18
State funded academic institutions	7	14
Virginia Department of Corrections	1	1
Virginia Department of Emergency Management	1	1
Virginia Department of Environmental Quality	1	1
Virginia Department of General Services, Division of Consolidated Laboratory Services	1	1
Virginia Department of Health Professions	1	1
Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services	1	1
Virginia Department of Public Safety	1	1

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Customer(s)	Served	Potential
Virginia Department of Social Services	1	1
Virginia Department of Transportation	1	1
Virginia Healthcare Association	1	1
Virginia Hospital and Healthcare Association	1	1
Virginia Information Technology Agency	1	1
Virginia National Guard	1	1
Virginia Nurses Association	1	1
Virginia Pharmacy Association	1	1
Virginia Primary Care Association	1	1
Virginia State Police	1	1

Anticipated Changes In Service Area Customer Base

- Evolving grant initiatives, envisioned needs, security concerns and/or regulatory mandates will demand VDH's continued involvement with a broad range of other agencies, groups and organizations.
- The number of Virginia's citizens served by EPR will increase as Virginia's population increases.
- During various times throughout the year, the tourist population in Virginia increases significantly.
- Evolving grant initiatives, envisioned needs, security concerns and/or regulatory mandates will demand VDH's continued and enhanced involvement with an increasing number of private sector customers, especially in the business community.
- An increasing number of state agencies will be customers linked to the governor's mandate to train all state employees on emergency preparedness.

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Service Area Products and Services

- Assessment and Planning – Assist and facilitate all hazards planning to include emergency response plans, policies and procedures that identify, prioritize, and address all hazards across all public health and healthcare functions. All plans are coordinated at all levels of government and address the mitigation of secondary and cascading emergencies. Jurisdiction-specific hazards are identified and assessed to enable appropriate protection, prevention, and mitigation strategies so that public health and healthcare consequences of an incident are minimized.
- Surveillance and Investigation – Enhance threat recognition and detection through the collection, identification and transmission of locally generated public health threats and other terrorism-related information for appropriate action. Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, investigated promptly, and accurately confirmed to ensure appropriate prevention or curative countermeasures are implemented. Additionally, public health epidemiological investigation is coordinated with law enforcement and other appropriate local, state, and federal agencies. Ensure cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.
- Response and Control (including Strategic National Stockpile Management) – Ensure that no further harm occurs to any first responder, public health worker, hospital staff member, or other relief provider due to preventable exposure to secondary trauma, chemical release, infectious disease or physical and emotional stress after the initial event or during decontamination and event follow-up. Assure appropriate prophylaxis and vaccination strategies are coordinated and implemented in a timely manner upon the onset of an event for all impacted. Decrease the time needed to provide countermeasures and health guidance to those affected by the threats to the public's health.
- Laboratory Response - Biological and chemical agents causing potential exposure and disease will be identified rapidly, reported to multiple locations immediately, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health laboratory testing is coordinated with law enforcement and other appropriate agencies.
- Health Alert Network Communications/Communications with Emergency Responders – Provide timely and accurate information regarding threats to the public's health through electronic early event detection and transmission in real time to those who need to know. Ensure a continuous flow of critical information is maintained among emergency responders, command posts, agencies, and government officials for the duration of an emergency response operation.
- Risk Communications to the Public – Provide the public with quick, accurate and consistently updated information about threats to their health and safety, and what protective measures they should take.
- Education and Training – Promote prevention and awareness through coordination and delivery of training and education programs to public health staff and response partners in an effort to increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats. Develop curricula to facilitate delivery for public health staff and response partners in an effort to decrease the time needed to classify health events as terrorism or naturally occurring in

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Service Area Products and Services

partnership with other agencies.

- Recovery and Improvement - Decrease the time needed to restore health services and environmental safety to pre-event levels. Increase the long-term follow-up provided to those affected by threats to the public's health. Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Factors Impacting Service Area Products and Services

- Future funding amounts are unknown but expected to be reduced in future years. As additional requirements are increased, funding has remained level or decreased.
- A decrease in federal funding will significantly impact VDH staffing levels to plan and respond to emergencies. (140 positions are funded through CDC and HRSA grants.)
- Willingness of partners to participate in planning and response preparedness activities varies.
- Legal/liability issues continue to be a great concern to providers of service during emergencies. These issues continue to be addressed through legislation and regulation.

Anticipated Changes To Service Area Products and Services

Changes to products and services are funding dependent. Anticipated reductions would result in lessened ability to update and maintain infrastructure improvements attained to date. Communications systems, disease tracking systems, etc., need constant monitoring and upgrades to ensure dependable functionality. Reduced funding would result in these systems not being updated and maintained at optimal levels.

Service Area Financial Summary

EPR activities are 100% funded through two federal grants. These funds are awarded by the United States Department of Health and Human Services through two separate but interrelated cooperative agreements, one through the Centers for Disease Control and Prevention (CDC) and the other through the Health Resources and Services Administration (HRSA).

The CDC grant is to be used for building public health preparedness and the HRSA grant is to be used to support hospital and health system preparedness.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$0	\$33,074,934	\$0	\$33,074,934
Changes To Base	\$0	\$807,119	\$0	\$807,119
SERVICE AREA TOTAL	\$0	\$33,882,053	\$0	\$33,882,053

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Service Area Objectives, Measures, and Strategies

Objective 77504.01

Ensure the development of emergency response plans, policies, and procedures that identify, prioritize, and address public health and healthcare response to all hazards across all functions

Well-developed response plans are critical to protecting public health in the event of an emergency. This objective emphasizes a planned response to all hazards, both natural and man-made.

This Objective Supports the Following Agency Goals:

- Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.
(This is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.)

This Objective Has The Following Measure(s):

- **Measure 77504.01.01**

Percent of VDH employees who have emergency response roles documented in their job descriptions that are trained in National Incident Management System (NIMS).

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: 4.3% of VDH employees have been trained in NIMS as of May 30, 2005.

Measure Target: 65% by July 1, 2008.

Measure Source and Calculation:

Training to be tracked in Training Finder Real-time Affiliate Integrated Network (TRAIN) and percentage to be determined as number trained compared to number of full time classified employees provided by VDH Office of Human Resources.

Objective 77504.01 Has the Following Strategies:

- VDH will support incident response operations within Virginia according to all-hazards plans
- VDH will improve regional, jurisdictional, and State all hazards plans to support response operations within Virginia in accordance with NIMS and the National Response Plan.
- VDH will increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination and prophylaxis.
- VDH will increase and improve mutual aid agreements, as needed, to support NIMS-compliant public health response.
- VDH will conduct education and training programs to support objectives as needed.

Objective 77504.02

Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response and continuity planning operations.

This type of information is essential to the appropriate and effective implementation of emergency response plans.

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This Objective Has The Following Measure(s):

- **Measure 77504.02.01**

Percent of key stakeholders who are notified/alerted of public health emergencies or significant events through the public health emergency communications system

Measure Type: Outcome

Measure Frequency: Quarterly

Measure Baseline: 65% confirmed response rate during last test of October 2004.

Measure Target: 90% of key stakeholders confirm receipt emergency messages within 120 minutes of dissemination by end of FY07.

Measure Source and Calculation:

Response rate calculated automatically from Bioterrorism Readiness Suite (BTRS) system based upon number of providers entered into the data base compared to number of responders confirming receipt of message.

Objective 77504.02 Has the Following Strategies:

- Increase speed of evaluating, integrating, analyzing for, and interpreting health data to detect aberrations in normal data patterns.
- Improve effectiveness of health intelligence and surveillance activities.
- Improve reporting of suspicious symptoms, illness, or circumstances to the public health agency.
- Increase number of local sites using Essence or NEDSS for early detection.
- Establish and maintain response communications network.